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Review Article

Chronic Suppurative Otitis Media with Homoeopathic Management

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ABSTRACT
Chronic suppurativeotitis media needseffective treatment as it can lead to hearing difficulty and is threatened by its complications. It is commonly seen in children especially in the rural area of poor socioeconomic group. From homoeopathic point of view, the symptoms of CSOM belong predominantly to tubercular miasm but the individual case can cover any miss. A case CSOM. The main aim of treating the CSOM is to make the ear safe and to prevent it's recurrence. Depending upon the extent and location of the diseases and degree of deafness the homoeopathic treatment or surgery may be suggested. We can recommend surgery when the case is suspected to go for complications or an aural polyp arising from the states, facial nerve or horizontal canal leading to facial paralysis. Or labrinthitis. When the recurrence is not under the control, to restore hearing, reconstructive surgery may be suggested.

Keywords: CSOM, polyp, cholesteatoma, ossicular neurosis

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Introduction:

Definition:

Chronic inflammation of mucoperiosteal layer of a part or whole of the middle ear cleft characterised by ear discharge and a permanent perforation. A perforation becomes permanent when its edge is covered by squamous epithelium and it does not hear spontaneously.

Incidence : of CSOM is higher in developing countries because of poor socioeconomic standards,poor nutrition and lack of health education.It affects sexes and all age groups, but often common in childhood.

Classification:

A)Clinical Classification= a)Tubotympanic-1)Tubal Type
2)Tympanic Type
B)Atticoantral=b)Clinic Stage- 1)Inactive
2)Active mucosal 3)Active with Cholesteatoma

a)Tubotympanic: The disease is common in childhood.The central perforation is the sequel of acute otitismedia.The perforation becomes permanent,permitting repeated infection by getting sensitized to dust,pollen,certainingestants and other aeroallergens,ascending infection sinuses, upper respiratory infections ,nasal allergy, swimming in contaminated water are responsible for persistent or recurring otorrhoea.

Pathology: Central perforation repeated infection of middle ear
Hyperplasia Responsible for its chronicity
Mucosal Proliferation
PloypHypertrophy may block the posterior portion of the tympanum
Foreign body reaction
Cholestrolgranuloma Middle ear deafness
Granulation tissue

Healing process fibrosis & adhesions.

Clinical features:

*Ear-discharge: Muciod or Mucopurulant.
*Hearing loss-Conductive Type,rarely exceeds 50db
*In long standing cases hearing loss becomes mixed type due to the effecton the oval and round windows.
*Perforation is always central.
*On examination:

-Middle ear mucosa , when inflammed it loooksred,oedematous and swollen.
-External auditory canal is full of mucopurulent discharge.
-Anterior perforation of the tympanic membrane.
-Granulation and polyp may be seen.
-On nasal examination, a deviated nasal septum,features of sinusiti or adenoids may be seen.
-pure tone audiometry reveals mild to moderate hearing loss.
-If the patient complaints of paradoxical effect then patch test may be carried out.

B) AtticoatralType: It involves posteriosuperior part of the middle ear cleft (attic antrum, posterior tympanum and mastoid) and is associated with cholesteatoma. Because of its bone eroding properties, Atticoatral type causes serious complications. Thus ,it is called as unsafe type.

Etiology: Actual causes is not known but the aetiology of Cholesteatoma-Middle ear effusion; Eustachian tube malfunction and hypoventilation of the m iddle ear leading to retraction pockets may be considered. Higher incidence of cholesteatoma is seen in patients with cleft palates having relatively poor Eustachian tube function.

Symptoms:

1) Ear discharge: Scanty ,purulent ,foul smelling ,Perforation might be sealed by crusted discharge or inflammatory mucosa or by a polyp ,obstructing the free flow of discharge.
2) Hearingloss:The deafness is of slow onset, progressive and may be associated with tinnitus.Hearing loss is mostly conductive but sensorinural element may be added.
3) Bleeding:Occur from granulation or the polyp when cleaning the ear.
4) Others:Earache,vertigo,vomiting and headache signify the onset of complications.

Signs:

1) Perforation:It is either ottic or post superior marginal type.
2) RetractionPocket:In early stages, pocket is shallow and self cleaning but later when pocket is deep, it accumulates keratin mass and gets infected.Granulation are reddish in colour.
3)Fistula sign may be positive.
4)Cholesteatoma:Pearly white flakes of cholesteatoma or epithelial lumps is diagnostic.

Investigation :

1) Examination under microscope.
2) Otoscopy and tunning fork test.
3) Audiogram.
4) Aural-Swab-For-Culture-And-Sensitivity-Of-Ear.
5) x-ray.

Complications:

1) Pain indicates extradural, perisinus or brain abscess, and otitisexterna associated with a discharging ear.
2) Vertigo indicates erosion of lateral semicircular canal which may progress to labyrinthitis or meningitis.Fistula test should be profound in all cases.
3)Persistent headache suggestive of an intracranial complication.
4)Facial weakness indicates erosion of facial canal.
5) A listless child refusing to take feeds and easily going to sleep may suggest extradural abscess.
6) Fever,nausea and vomiting may suggest intracranial infection.
7)Irritability and neck rigidity may suggest meningitis.
8) Diplopia in Gradenigo's syndrome.
9)Ataxia is labyrinthitis or cerebellar abscess.
10) Abscess round the ear in mastoiditis.

Treatment:

1) Treatment of underlying cause like infected tonsils,adenoids,maxillaryantra, sinusitis and allergy.
2) Aural toilet: a) Dry inobbing:with cotton buds
b) Suction clearance:under microscope clean the debries and secretion.
c) Syringing:Cleaning of mucopurulent discharge by syringing with saline solution at body temperature.
3) Precaution:Patients are instructed to protect the ear from entry of water during bathing,swimming and hair wash. Avoid hard nose blowing to prevent spread of infection from nasopharynx to middle ear.
4) Surgical treatment :Surgery may be recommended when an aural polyp is arising from the stapes facial nerve or horizontal canal and thus leading to facial paralysis or Labyrinthitis.and when the recurrence is not under the control,to restore hearing reconstructive surgery that is myringoplasty may be suggested.

The aim of treatment in atticoantral type is to make the ear safe and to prevent it'srecurrence.And depending upon the extent and location of the disease and degree of defenses.Homoeopathic treatment or surgery may be suggested.

Those who are unfit or refusing surgery are also taken up for conservative

treatment.whencholesteatoma is small, repeated suction clearance and periodic, aural toilet and dry ear precautions are essential.

Miasmatic Aspect of CSOM:

1) Psoric :Auditory canal is always dry and scaly.Oversensitive to noises functional disturbance of the ear.There is constant itching crawling sensation and pulsation in the ear.

2) Sycotic: Profuseexudation.Discharges are mostly green or yellow in colour. Stitching pulsating and wandering Pains. Complaints are aggravated during day and by changes of the weather.

3) Syphilitic: Otitis is characterized by ulceration degenerative inflammation and destructive of the ossicles.Buring , bursting and tearing type pain. Otitis at night and from warmth.Impairment and total loss of hearing.

4) Tubercular:Suppuration of middle ear and distruction of the ossicles of the ear.Discharges are offensive, carrion likeodor and discharges relives the other complaints.Suppurativeotitis media is a sign of good prognosis when suffering from a sever or acute infections diseases. In tubercular or latent syphilitic patients the ears looks pale,white with tendency to congestion.Pain aggravates in the night, least exposure to cold or slightest drafts bring on an attack.Otitis occurs with exudation mixed with blood, cheesy or curdled.Sensation of flushing about the ears.Loss of hearing with its characteristics discharge.

HomoeopathicTherapeutics:

For otitis media cases in general Bell., Cham., plus., reduces the acute pain, tub., merc., dulc.,reducesthe ear discharge remarkably, Kali mur., relieves the itching inside the ear, chenopodium Anthony improves hearing, Med Oregonian acts well with past history on with the history of suppression of discharge.

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